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CONFIRMATION NO. 8549

<b>SERIAL NUMBER</b> 10/800,219	<b>FILING OR 371(c) DATE</b> 03/12/2004 <b>RULE</b>	<b>CLASS</b> 716	<b>GROUP ART UNIT</b> 2825	<b>ATTORNEY DOCKET NO.</b> 03-2396	
<b>APPLICANTS</b> Nadya G. Strelkova, Portland, OR; Ebo H. Croffie, Portland, OR; John V. Jensen, Portland, OR; <b>** CONTINUING DATA *****</b> <i>NONE NL</i> <b>** FOREIGN APPLICATIONS *****</b> <i>NONE NL</i> <b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> <b>** 05/28/2004</b>					
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> met other Verified and <i>Allowance</i> Acknowledged <i>NL</i> Examiner's Signature <i>Nelson Lam</i> Initials <i>NL</i>		<b>STATE OR COUNTRY</b> OR	<b>SHEETS DRAWING</b> 2	<b>TOTAL CLAIMS</b> 18	<b>INDEPENDENT CLAIMS</b> 2
<b>ADDRESS</b> 24319					
<b>TITLE</b> Method for verifying ret latent image sensitivity to mask manufacturing errors					
<b>FILING FEE RECEIVED</b> 770	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		